

Fall Creek Puppa-Pool-Looza Community Event Waiver of Liability

The Fall Creek HOA and Social Events Committee wants you and your dog to have a great time at this event.

Please read and agree to the following rules:

- Proof of dog vaccinations (required)
 - Checked at event: _____
- Must sign waiver to enter event
- One dog per handler
- Dog handler must be 16 years or older
- Dog “parents” can wade in shallow end of pool but not swim
- Dog must be on leash outside of pool
- No dogs in heat

Please pay careful attention to the following language:

I have read the rules for this event. I agree to abide by them. I also agree and acknowledge that there are inherent risks involved in the use of Fall Creek HOA facilities, including but not limited to bodily injury, sickness, disease, or death. I also acknowledge that the use of Fall Creek HOA facilities for this event is potentially dangerous to me and my pet, and the type of injury or damage described above can occur. I will comply with all Fall Creek HOA rules, regulations, guidelines, policies, and restrictions governing me, my pet, and my guest’s use of the pool for this event.

I HEREBY ASSUME ALL RESPONSIBILITY FOR AND ALL RISK OF DAMAGE OR LOSS OF ANY KIND INCLUDING BUT NOT LIMITED TO BODILY INJURY, DEATH, DAMAGE TO OR LOSS OF REAL OR PERSONAL PROPERTY OR DAMAGE INVOLVING MY PET WHICH MAY RESULT IN REAL AND MONEY DAMAGES SUSTAINED BY ME OR MY GUESTS ARISING OUT OF THE PARTICIPATION IN THIS EVENT. THIS ASSUMPTION OF RESPONSIBILITY AND RISK INCLUDES SUCH DAMAGE CAUSED IN WHOLE OR IN PART BY ANY ACT OR OMISSION OF FALL CREEK HOA, ITS OFFICERS, DIRECTORS, MEMBERS, AGENTS, MANAGERS, OR ATTORNEYS (“RELEASED PARTIES”), WHETHER OR NOT CAUSED BY THEIR SOLE, JOINT, CONTRIBUTORY, OR COMPARATIVE NEGLIGENCE. PARTICIPANT SHALL INDEMNIFY AND DEFEND FALL CREEK HOA AND THE RELEASED PARTIES FOR AND AGAINST ALL CLAIMS BROUGHT BY A THIRD PARTY IF SUCH CLAIMS ARISE OUT OF OR RELATE TO MY PARTICIPATION IN THIS EVENT.

Printed Name: _____

Amenity Badge: _____

Signature: _____

If no badge, Address: _____

Date: _____
